

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM860723

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
The ChurchPlaza Companies, Inc.		11/27/2017	Corporation: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	The ChurchPlaza Companies, Inc.		
<b>Street Address:</b>	1725 Barber Rd.		
<b>City:</b>	Sarasota		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	34240		
<b>Entity Type:</b>	Corporation: FLORIDA		
<b>PROPERTY NUMBERS Total: 4</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	2555356	CHURCHPLAZA.COM	
<b>Registration Number:</b>	4432903		
<b>Registration Number:</b>	4432904	CHURCHPLAZA	
<b>Registration Number:</b>	4743832	CHURCHPLAZA	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
<b>Phone:</b>	212-439-5153		
<b>Email:</b>	wmiller@wissingmiller.com		
<b>Correspondent Name:</b>	Wissing Miller LLP		
<b>Address Line 1:</b>	31 Hudson Yards, 11th Floor		
<b>Address Line 2:</b>	Attn: Wendy E. Miller		
<b>Address Line 4:</b>	New York, NEW YORK 10001		
<b>ATTORNEY DOCKET NUMBER:</b>	253-0109		
<b>NAME OF SUBMITTER:</b>	Wendy E. Miller		
<b>SIGNATURE:</b>	/Wendy E. Miller/		
<b>DATE SIGNED:</b>	12/13/2023		
<b>Total Attachments: 5</b>			

OP \$115.00 2555356

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source=Certificate of Domestication and Articles of Incorporation#page4.tif  
source=Certificate of Domestication and Articles of Incorporation#page5.tif

P17000099101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

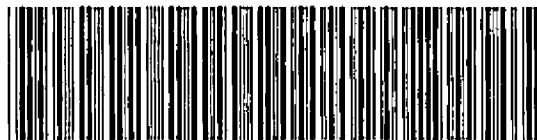
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
W17-98150

Office Use Only



800306502228

12/15/17--01017--021 \*\*26.25

12/11/17--01014--023 \*\*295.00

FILED  
17 DEC 18 AM 8:50  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA



CERTIFICATE OF DOMESTICATION

FILED  
17 DEC 18 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, Thomas J. McElheny President  
(Name) (Title)  
of The ChurchPlaza Companies, Inc. Foo-4249 a foreign corporation.  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was June 19 2000
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Delaware
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was The ChurchPlaza Companies, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is The ChurchPlaza Companies, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was State of Florida
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Thomas J. McElheny of 1727 Barber Road, Sarasota, FL 34240

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 27 day of Nov. 2017

Thomas J. McElheny  
(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The ChurchPlaza Companies, Inc.  
The name of the corporation shall be: \_\_\_\_\_

ARTICLE II PRINCIPAL OFFICE  
Principal street address \_\_\_\_\_ Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
1725 Barber Rd. \_\_\_\_\_  
\_\_\_\_\_  
Sarasota, FL 34240 \_\_\_\_\_  
\_\_\_\_\_

ARTICLE III PURPOSE  
The purpose for which the corporation is organized is: \_\_\_\_\_  
Any and all lawful business \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE IV SHARES 1,000  
The number of shares of stock is: \_\_\_\_\_

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Thomas J. McElheny, President	Name and Title:	Diane McElheny, Vice-President
Address	1725 Barber Rd. Sarasota, FL 34240	Address:	1725 Barber Rd. Sarasota, FL 34240
Name and Title:	Diane McElheny, Secretary	Name and Title:	Nitza Dowdy, Treasurer
Address	1725 Barber Rd. Sarasota, FL 34240	Address:	1725 Barber Rd. Sarasota, FL 34240
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Thomas J. McElheny  
Address: 1725 Barber Rd.  
Sarasota, FL 34240

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: F. Steven Herb, Esquire  
Address: 240 So. Pineapple Avenue  
Sarasota, FL 34236


**ARTICLE VIII EFFECTIVE DATE:**

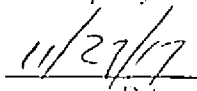
Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

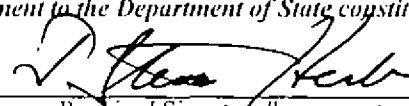
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

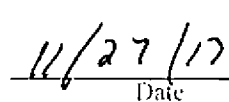
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:*

  
\_\_\_\_\_  
Required Signature/Registered Agent

  
\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

  
\_\_\_\_\_  
Date